



**Scholarship Program Application 2026-2027**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School Student Attends \_\_\_\_\_

Parent's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Program Requested: \_\_\_\_\_

Classes Requested \_\_\_\_\_

A limited amount of scholarships are available each year to those who meet the requirements. All information is confidential and brought before a bergenPAC committee.

**The Performing Arts School @ bergenPAC is a non-profit organization.**

**PLEASE SEND A DIGITAL COPY OF YOUR MOST RECENT 1040 TAX RETURN IN ADDITION TO BOTH SCHOLARSHIP APPLICATION FORMS.**